



04/01/2005 15:30 FAX 612 331 7401

IPLM GROUP, P.A.

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23322 7590 01/31/2003

**IPLM GROUP, P.A.  
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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

|                        |                    |
|------------------------|--------------------|
| <b>Robin A. Sannes</b> | (Depositor's name) |
| <i>Robin A. Sannes</i> | (Signature)        |
| <b>April 1, 2005</b>   | (Date)             |

|                 |             |                      |                     |                  |
|-----------------|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY POCKET NO. | CONFIRMATION NO. |
| 10/023,485      | 10/30/2001  | Bernard R. Ador      | 225P10US01          | 3531             |

TITLE OF INVENTION: PERSONAL SAFETY DEVICE FOR A VERTICAL ROPE

|                |              |           |                 |                  |            |
|----------------|--------------|-----------|-----------------|------------------|------------|
| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 05/02/2005 |

|                    |          |                |
|--------------------|----------|----------------|
| EXAMINER           | ART UNIT | CLASS-SUBCLASS |
| CHIN SHUE, ALVIN C | 3634     | 182-005000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 IPLM Group, P.A.

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**CAPITAL SAFETY GROUP EMEA**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Cedex, France**

04/04/2005 AWONDAF2 00000023 10023485

01 FC:1501

1400.00 OP

02 FC:1504

300.00 OP

03 FC:8001

15.00 OP

Please check the appropriate assignee category or categories. (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 5

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☐ A check in the amount of the fee(s) is enclosed.

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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

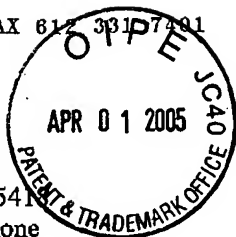
Authorized Signature

*Robin A. Sannes*Date April 1, 2005Typed or printed name Robin A. SannesRegistration No. 45,070

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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612-331-7401 facsimile



PATENT

**FACSIMILE TRANSMITTAL LETTER**

| Attorney Docket No. | Serial No. |
|---------------------|------------|
| 225P110US01         | 10/023,485 |

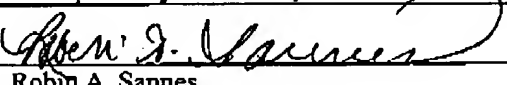
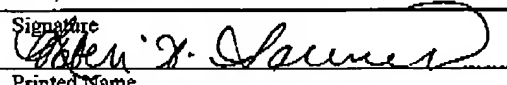
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TOTAL NO. OF PAGES: 3  
Sent to Facsimile No.: 703-746-4000  
Examiner Phone No.: 703-308-2475

|   |  |           |                    |
|---|--|-----------|--------------------|
| In re Application of:                             | Bernard R. Ador                            |           |                    |
| Serial No.:                                       | 10/023,485                                 | Examiner: | Alvin C. Chin Shue |
| Confirmation No.:                                 | 3531                                       | Art Unit: | 3634               |
| Filed:  | October 30, 2001                           |           |                    |
| For:  | PERSONAL SAFETY DEVICE FOR A VERTICAL ROPE |           |                    |
| We are transmitting the following documents:      |  |           |                    |
| Facsimile Transmittal Letter [1 page]             |  |           |                    |
| Issue Fee Transmittal - Part B (PTOL-85) [1 page] |  |           |                    |
| Credit Card Payment Form (PTO-2038) [1 page]      |  |           |                    |

Please charge Deposit Account 50-0549 for any fees under 37 CFR §1.16 and §1.17 that may be required during the pendency of this application. This authorization includes the fee for any extension of time under 37 CFR §1.136(a) that may be necessary. To the extent any such extension should become necessary it is hereby requested.

Respectfully submitted,

|   |   |  |
|---|---|--|
| Registration No.<br>45,070  | Direct Dial<br>612-331-7419   |  |
| Date: April 1, 2005   | Robin A. Sannes   |  |
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| To Facsimile Number<br>703-746-4000   | Signature<br> |  |
| Date<br>April 1, 2005   | Printed Name<br>Robin A. Sannes   |  |
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